

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	HC	32	4-16-01
<b>O.I.P.E. CLASSIFIER</b>	ES	926	5/8
<b>FORMALITY REVIEW</b>	E1		05-23-01
<b>RESPONSE FORMALITY REVIEW</b>	SS	573	09-26-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	05/23/01
2			
3	N		
4	✓		
5	✓	✓	
6	N	N	
7	✓	✓	
8	N	✓	
9		✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here